

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15901**
Registrar's No. **4355**

FILED MAY 14 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 15901		Registrar's No. 4355		
1. PLACE OF DEATH a. COUNTY _____					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis					c. CITY OR TOWN St. Louis					
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hosp #1					e. STREET ADDRESS (If rural, give location) 4140 West Lee					
3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) S c. (Last) Kunz					4. DATE OF DEATH (Month) (Day) (Year) 4-26-1953					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 8-8-1904		9. AGE (In years last birthday) 48		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Shereton Hotel		11. BIRTHPLACE (City and State or Foreign Country) Festus MO.		12. CITIZEN OF WHAT COUNTRY? USA				
13a. FATHER'S NAME Henry J Kunz				13b. MOTHER'S MAIDEN NAME Louise Lehmann		14. NAME OF HUSBAND OR WIFE Alvina Kunz NeeKopp				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes				16. SOCIAL SECURITY (If yes, give war or dates of service) Navy		17. INFORMANT'S SIGNATURE OR NAME Alvina Kunz 4140 West Lee				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Apoplexy DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____					MEDICAL CERTIFICATION 19b. MAJOR FINDINGS OF OPERATION _____					20. AUTO PSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____		(COUNTY) _____		(STATE) _____		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 334X						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred on _____, 19____, from the causes and on the date stated above.										
23a. SIGNATURE Patrick E Taylor Coroner					23b. ADDRESS 31300 Clark			23c. DATE SIGNED 4-28-53		
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 4-29-1953		24c. NAME OF CEMETERY OR CREMATORY Bethany Cem.		24d. LOCATION (City, town, or county) St. Louis Mo		(State) _____		
DATE REC'D BY LOCAL REG. APR 28 1953		REGISTRAR'S SIGNATURE J. Carl Smith MD			25. FUNERAL DIRECTOR'S SIGNATURE WINGBERMUEHLE ADDRESS 3819 S Grand Blvd.					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 29 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

George J. Ambrosini

Licensed Embalmer No. 4611

P. O. Address *St Louis 18 Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.